

**TELEWORK PROGRAM
SAFETY CERTIFICATION**

For use of this form, see USAARMC Policy Memo 11-05, 31 Oct 05, subj: Telework Program

Employee Name: _____

Organization: _____

To the best of my knowledge, I hereby certify that the work area at the telework location identified below is adequate in size and has no safety hazards posing a risk of injury. Lighting is adequate and the electrical system is sufficient for the additional equipment that may be used. I will inform the supervisor of any changes in the telework location that raise safety issues.

The telecommuting location is: _____

Employee's signature and date _____